RESIDENCE ADDRESS IS VOLUNTARY -CIVILCODE SECTION 1798.17

TRAVEL EXPENSE CLAIM	-CIVILCODE SECTION 1798.17				
STD. 262 (Rev 6/93) DMH-001		Page	_1	of .	_1

Septem W. Mayberg	CLAIMANT'S NAME					SSN OR EMPLOYEE NUMBER* DEPARTMENT									
Director E99 Director's Office 461-500 RESIDENCE ADDRESS* RESPECTABLE ADDRESS*	Stephen W. Mayberg														
RESIDUAL ACCESS CORREST REDOX NAMES															
STATE ZIFCORE STATE ZIFCORE STATE ZIFCORE STATE ZIFCORE ZI															
Sacramento	on file	е					1600 Ni	nth Stre	et					654-230	9
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May 2019 Co Co Co Co Co Co Co C															
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5/20 1700 Los Angeles 18.00 6.00 "157.70 polca 12 6.00 187.70 5/21 2230 [return 6.00 10.00 18.00 161.70 calpc 18.00 21 10.50 224.20 5/21 2230 [return 6.00 10.00 18.00 161.70 calpc 18.00 21 10.50 224.20 5/22 2230 [return 6.00 10.00 18.00 161.70 calpc 18.00 21 10.50 224.20 5/22 2230 [return 6.00 10.00 18.00 161.70 calpc 18.00 21 10.50 224.20 5/23 2230 [return 6.00 10.00 18.00 161.70 calpc 18.00 21 10.50 224.20 5/23 2230 [return 6.00 10.00 18.00 161.70 calpc 18.00 21 10.50 224.20 5/24 2230 [return 6.00 16.00 161.70 calpc 18.00 21 10.50 224.20 5/24 2230 [return 6.00 16.00 161.70 calpc 18.00 21 10.50 21 10.50 224.20 5/24 2230 [return 6.00 16.00 161.70 calpc 18.00 21 10.50 21 10.50 224.20 5/24 2230 [return 6.00 16.00 161.70 calpc 18.00 21 10.50 21 10.50 224.20 5/24 2230 [return 6.00 16.00 161.70 calpc 18.00 21 10.50 21 10	5/6	1200	Pacific Grove	99.00			18.00	6.00		рс		192	96.00		219.00
5/21 2230 return 6.00 10.00 18.00 161.70 ca/pc 18.00 21 10.50 224.20 18.00 21 10.50 224.20	5/7	1600	returned		6.00	10.00				рс		192	96.00		112.00
COL CODE (Acctg Use Only) (Less Direct Pay) Reimbursement Request: 582.20 (It) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required) 5/7 - Director to present at the California Mental Health Advocates for Children and Youth annual conference. 5/21- Director to present at UCLA and LA County "Partnership for Mental Health" conference. (It) Purpose OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required) (It) Normal Work Hours 8:00 a.m. to 5:00 p.m. (3) PV Vehicle License # On file (14) Mileage Rate Claimed #### 0.5 ONLY Paid by Revolving Check Number I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with existing agreements and Department of Personnel Administration regulations, in the service of the State of California and that all items shown were for the official business of the State of California and that all items shown were for the official business of the State of California and that all items shown were for the official business of the State of California and that all items shown were for the official business of the State of California and that all items shown were for the official business of the State of California and that all items shown were for the official business of the State of California and that all items shown were for the official business of the State of California and that all items shown were for the official business of the State of California and that all items shown were for the official business of the State of California and that all items shown were for the official business of the State of California and that all items shown were for the official business of the State of California and that all items shown were for the official business of the State of California and that all items shown were for the official business of the State of California and that all items shown were for the official business of the State of California and that all items shown were for the official busi	5/20	1700	Los Angeles				18.00	6.00	*157.70	pc/ca		12	6.00		187.70
(Less Direct Pay) Reimbursement Request: 582.20 (It) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required) 577 - Director to present at the California Mental Health Advocates for Children and Youth annual conference. 5/21- Director to present at UCLA and LA County "Partnership for Mental Health" conference. 5/21- Director to present at UCLA and LA County "Partnership for Mental Health" conference. Therefore, and the province of the State of California and that all items shown were for the official business of the State of California, and if a privately-owned vehicle was used, I have met the requirements as prescribed by S.A.M. Sections 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage. DATE (12) Normal Work Hours 8:00 a.m. to 5:00 p.m. (13) Pvt Vehicle License # On file (14) Mileage Rate Claimed # ### 0.5 ONLY Paid by Revolving Check Number of Personnel Administration regulations, in the service of the State of California and that all items shown were for the official business of the State of California, and if a privately-owned vehicle was used, I have met the requirements as prescribed by S.A.M. Sections 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage. CLAIMANT'S SIGNATURE DATE (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE	5/21	2230	return		6.00	10.00	18.00		161.70	ca/pc	18.00	21	10.50		224.20
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The purpose of trip, remarks, and details (attach receipts/vouchers when required)	COL C			34.00	12.00	319.40		18.00		200.30		742.90			
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	(17) SIG	NATURE	AND TITLE OF AUTHORITY FOR SPECIAL	. EXPENSES			<i>\</i>					DATE			